



ERNE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MENTAL HEALTH
AND MENTAL RETARDATION SERVICES
DIVISION OF MENTAL HEALTH
100 FAIR OAKS LANE 4W-C
FRANKFORT, KENTUCKY 40621-0001
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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

PAT WEAR II
COMMISSIONER

To: Executive Directors
Facility Directors
CSP Directors
Case Management Supervisors

From: Sandy Silver, LCSW
Mental Health/Mental Retardation Program Administrator

Date: November 24, 2004

Subject: **Adult Case Management Certification Training (Level I)**

The Department for Mental Health and Mental Retardation Services has scheduled the **Adult Case Management Certification Level One Training**. The Adult Level One Certification Training is required for Mental Health Case Managers and Case Management Supervisors within six months of employment. Participants must attend all sessions of the training to receive certification. The training will be held at the following two locations;

<u>Location</u>	<u>Date/Time</u>
Rough River Dam State Resort Park Route 1, Box 1 Falls of Rough, Kentucky 40119 (270-257-2311) (800-325-1713)	March 16, 17, & 18, 2005 Wednesday 9:30 AM- 5:30 PM CST Thursday 8:30 AM- 5:00 PM CST Friday 8:30 AM- 2:30 PM CST
Carter Caves State Resort Park 344 Caveland Drive Olive Hill, Kentucky 41164-9032 (606-286-4411) (800-325-0059)	March 23, 24, & 25, 2005 Wednesday 9:30 AM- 5:30 PM EST Thursday 8:30 AM- 5:00 PM EST Friday 8:30 AM- 2:30 PM EST

Please distribute the attached registration form to eligible participants. Confirmed participants will receive a confirmation notice from DMHMRS. Please return registration forms as soon as possible as the number of participants for this training is limited.

If you have questions, please call **Sandy Silver or Cheryl Ligon at 502-564-4448**.

Cc: Steve Shannon
Lisa Rice
Mac Bell
Kristina Reece, DMS
Sug Barnett, KYCAN
Libby Clayton, Bluegrass Regional MH/MR Board

REGISTRATION FORM

Adult Case Management Certification (Level I) Training Rough River Dam State Park March 16, 17, & 18, 2005

To register for the training, complete the following information:

Name: _____

Check One: ____ Case Manager ____ Supervisor ____ Other (specify) _____

Community Mental Health Center: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Telephone #(____) _____

**Please indicate special accommodation/alternative format needs for the training session
(Accommodation needs should be communicated to the lodge when making your reservation):**



Return the above form by February 16, 2005 to:

Cheryl Ligon
Division of Mental Health
100 Fair Oaks Lane, 4W-C
Frankfort, Kentucky 40621-0001
Fax: 502/564-9010

The number of participants is limited. Confirmed participants will receive a confirmation notice from DMHMRS. **Please bring documentation to verify your college degree.** State Policies and Procedures require specific educational and/or experience qualifications to provide case management services as defined in 907 KAR 1:515 and 908 KAR 2:060 (verification of degree such as copies of diplomas or transcripts are acceptable). If you have questions, contact Sandy Silver at (502/564-4448).

Participants are responsible for making their own room reservations. Lodging reservations at Rough River Dam State Park, **(800) 325-1713**, must be made **by Wednesday, February 16, 2005**. We have reserved a block of rooms that are available first come first serve. Be sure to tell the person taking your reservation that you are with the Division of Mental Health and if you need special accommodations.

Attire: Casual (Jeans or other comfortable clothes). **Be sure to bring a sweater or jacket because the temperature in the training rooms varies.** Session times: Wednesday--from 9:30 AM to 5:30 PM, Thursday--from 8:30 AM to 5:00 PM, Friday— from 8:30 AM to 2:30 PM. **ALL TIMES ARE CENTRAL STANDARD TIME. You must be in attendance at all times to obtain certification.**

REGISTRATION FORM

Adult Case Management Certification (Level I) Training Carter Caves State Resort Park March 23, 24, & 25, 2005

To register for the training, complete the following information:

Name: _____

Check One: ____ Case Manager ____ Supervisor ____ Other (specify) _____

Community Mental Health Center: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Telephone #(____) _____

**Please indicate special accommodation/alternative format needs for the training session
(Accommodation needs should be communicated to the lodge when making your reservation):**



Return the above form by February 23, 2005 to:

Cheryl Ligon
Division of Mental Health
100 Fair Oaks Lane, 4W-C
Frankfort, Kentucky 40621-0001
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Participants are responsible for making their own room reservations. Lodging reservations at Carter Caves State Resort Park, **(800) 325-0059**, must be made **by Wednesday, February 23, 2005**. We have reserved a block of rooms that are available first come first serve. Be sure to tell the person taking your reservation that you are with the Division of Mental Health and if you need special accommodations.

Attire: Casual (Jeans or other comfortable clothes). Be sure to bring a sweater or jacket because the temperature in the training rooms varies. Session times: Wednesday--from 9:30 AM to 5:30 PM, Thursday--from 8:30 AM to 5:00 PM, Friday--from 8:30 AM to 2:30 PM. **ALL TIMES ARE EASTERN STANDARD TIME. You must be in attendance at all times to obtain certification.**